

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

1010	ms report mast be clear and						
Filer Identification Number	Report Filed By Candidat (Mark X)	e Com	mittee	Lobbyist			
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Sean Calhoun	And the second s					
Street Address							
Glty Erie	State	PA Zip C	ode 16506				
Type of Report (Place x under report type)							
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	Commence of the control of the contr	6-30 Day Post 7-A	nnual Special 2 nd Friday Pre-Election	Special 30 Day Post-Election			
Date Of Election	Year	Amendment	Termination Report	195 195 195 195 195 195 195 195 195 195			
(MM/DD/YYYY)		Report	Report For Office Use Only				
Summary of Receipts and From Date Expenditures	To Date		o onice use unity				
6/5/17 A. Amount Brought Forward From Last Report	1/31/2018 t \$ 3101.24			<u> </u>			
B. Total Monetary Contributions and Receipts	3101.24		. /				
(From Schedule I) C. Total Funds Available \$							
(Sum of Lines A and B) D. Total Expenditures	3101.24	4					
(From Schedule III) E. Ending Cash Balance	325.28 S	76 PH 2:					
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	2775.96	2775.96					
(From Schedule II)	O O						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0			-1			
Dort 1 If this is a Committee	Affidavit Sec						
Part 1- If this is a Committee report, treasurer sign h I swear (or affirm) that this report, including the atta	iched schedules on paper, is to the b	nest of my knowledgeand	belief true, correct and compl	ete.			
Sworn to and subscribed before me this		11/1/	2				
31 day of Muruy 20 18 Signature of Person Submitting report							
July J. Molibe		SEMU CAI	How				
, 10	Signature Commonwealth of Pennsylvania - Notary Seal My Commission expires 4 24 Commonwealth of Pennsylvania - Notary Seal Loo 2 - 8595						
MO. DAY YR.	Erie County Articles April 22	rea Code	Daytime Telephone Numl	ber			
Commission Number 1275541 Part II- If this is a report of a Candidate's Authorized Committee, candidate-shall sign hore							
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.							
Sworn to and subscribed before me this							
31 day of June 20 8 Commonwealth of Pennsylvania - Notes Co. 1 Signature of Candidate							
LINDA S. McCABE, Notary Public CAR CARDON							
My Commission Expires April 24, 2021							
My Commission expires MO. DAY YR. Area Code Daytime Telephone Number							

Statement of Expenditures

File: ideatification Vivides	
File identification Number:	
File (deptification Number	

To Whom Paid			Date [VIM/DD/YYYY] \$	50.00
Max Lorei		HA MAJERA	6/23/17	50.00
House # 5940 Street A	Address Spires Dr.		Description, of Expenditur	
City Erie	State PA	Zip Code 14509	Headshots	
To Whom Pald	mprint Systems		Date [MM/DD/YYYY] \$	275.28
			6/23/17	
House # 2670 Street A	W. 11th St	Antipage Senson, a managanthappid	Description of Expenditure	
City Erie	State PA	Zip 16505	Campaign Merchandise	
To Whom Pald			Date [MM/DD/YYYY] \$	
House# Street A	\ddress		Description of Expenditure	
City	State	Zip. Code		
To Whom Pald	purchase in the state of the st		Date [MM/DD/YYYY] \$	
House # Street A	Address		Description of Expenditure	
City	State	Zip		
To Whom Paid			#Date [MM/DD/YYYY] \$	
House # Street A	Address		Description of Expenditure	
City	State:	Zip. Code		
To:Whom:Paid			Date (MM/DD/YYYY) \$	
House # Street /	Address		Description of Expenditur	
City	State	Zip Code		
To Whom Paid				
House # Street	Address		Description of Expenditure	
City	State	Zip : Code		
To Whom Paid			Date [MM/DD/YMYY] \$	
House # Street	Address		Description of Expenditur	e ,
City	\State	Zip.		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:		
		Outstanding Balance of Debt
Name of Creditor House # Stree	at Address DATE DEBT INCURRED	S Outstanding Balance of Debt
Suet	MM/DD/YYYY)	
Clty	State Zip	
Description of Debt	Code	7
		The state of the s
Name of Creditor.		Outstanding Balance of Debt
House # Strée	et Address DATE DEBT INCURRED. [MM/DD/YYYY]	
City	State Zip	
· · · · · · · · · · · · · · · · · · ·	Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House # Stree	et Address DATE DEBT INCURRED [MM/DD/YYYY]	.\$
City	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House # Stree	et Address [MM/DD/YYYY]	\$
City	Staté Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt.
	et Address DATE DEBT INCURRED	\$ () () () () () () () () () (
	[MIN/DD/YYYY] 5.3.2	20.
City	State Zip Code	
Description of Debt	Loge 2	
Name of Greditor		Outstanding Balance of Debt
20 00 00 00 00 00 00 00 00 00 00 00 00 0	et Address DATE DEBT INCURRED	\$
J. Sure	[MM/DD/YYYY]	
City 1	State Zip	(A)
Description of Debt	Code	
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